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VIRULENT SMALLPOX.

During the week ended June 12 five cases of smallpox and two deaths were reported at Brownsville, Tex., and seven cases and two deaths at New Orleans, La. This indicates foci of virulent smallpox at these two places.

As regards the outbreak at New Bedford, Mass., there were two new cases reported during the week ended June 26, making a total of 20 cases, of which 9 had terminated fatally. This outbreak began the middle of May.

THE MODEL STATE LAW FOR MORBIDITY REPORTS

AS AMENDED BY THE THIRTEENTH ANNUAL CONFERENCE OF STATE AND TERRITORIAL HEALTH AUTHORITIES WITH THE UNITED STATES PUBLIC HEALTH SERVICE, WASHINGTON, MAY 13, 1915.

The Eleventh Annual Conference of State and Territorial health authorities with the United States Public Health Service, held in Minneapolis June 16, 1913, adopted a model State law providing for the reporting of the occurrence of preventable diseases, to make possible their control.

The essential provisions of the model law were adopted as regulations by the Kansas State Board of Health December 13, 1913. The States of Mississippi, South Carolina, and Ohio have adopted certain of the provisions. The city of Spokane has adopted most of the law as an ordinance. Parts of the law have also been incorporated in numerous other regulations, laws, and ordinances promulgated and adopted during the last two years.

Since the adoption of the law by the conference and the putting into actual practice of its various provisions certain amendments have been suggested. These amendments were considered by the Thirteenth Annual Conference, held in Washington May 13, 1915, and certain of them were adopted.

The following is the wording of the law as amended by the conference:

MODEL LAW.¹

A BILL to provide for the notification of the occurrence and prevalence of certain diseases.

Be it enacted by the Senate and General Assembly of the State of ———:

SECTION 1. It shall be, and is hereby, made the duty of the ——— (State department of health or commissioner or board of health) ——— to keep currently informed of the occurrence, geographic distribution, and prevalence of the preventable diseases throughout the State, and to prevent the spread of these diseases, and for this purpose there shall be established in the State department of health a bureau (or division) of preventable diseases which shall, under the direction of the ——— (State commissioner of health, State health officer or secretary of the State board of health)——, be in charge of an assistant commissioner of health who shall receive an annual salary of ——— dollars and the necessary expenses incurred in the performance of his duties. The State department of health shall provide such clerical and other assistance as may be necessary for the establishment and maintenance of said bureau.

SEC. 2. The following-named diseases and disabilities are hereby declared to be dangerous to the public health and made notifiable, and the occurrence of cases shall be reported as herein provided:²

GROUP 1.—COMMUNICABLE DISEASES.

Actinomycosis.	Ophthalmia neonatorum (conjunctivitis of newborn infants).
Anthrax.	Paragonimiasis (endemic hemoptysis).
Chicken-pox.	Paratyphoid fever.
Cholera, Asiatic (also cholera nostras when Asiatic cholera is present or its importation threatened).	Plague.
Dengue.	Pneumonia (acute).
Diphtheria.	Poliomyelitis (acute infectious).
Dysentery:	Rabies.
(a) Amebic.	Rocky Mountain spotted or tick fever.
(b) Bacillary.	Scarlet fever.
Favus.	Septic sore throat.
German measles.	Smallpox.
Glanders.	Syphilis.
Gonococcus infection.	Tetanus.
Hookworm disease.	Trachoma.
Leprosy.	Trichinosis.
Malaria.	Tuberculosis (all forms, the organ or part affected in each case to be specified).
Measles.	Typhoid fever.
Meningitis:	Typhus fever.
(a) Epidemic cerebrospinal.	Whooping cough.
(b) Tuberculous.	Yellow fever.
Mumps.	

¹ Attention is called to the fact that in cases in which this legislation can not expediently be adopted by a State at the present time, it is applicable with but slight modification to the needs of cities or other sanitary units in the State, and, with such modification, can be adopted with advantage by such units.

² Only those diseases should be made notifiable the occurrence and spread of which it is intended the State department of health shall endeavor to prevent. No disease which the State department of health does not intend to control should be made notifiable.

GROUP 2.—OCCUPATIONAL DISEASES AND INJURIES.

Arsenic poisoning.
 Brass poisoning.
 Carbon monoxide poisoning.
 Lead poisoning.
 Mercury poisoning.
 Natural-gas poisoning.
 Phosphorus poisoning.
 Wood alcohol poisoning.

Naphtha poisoning.
 Bisulphide of carbon poisoning.
 Dinitrobenzine poisoning.
 Caisson disease (compressed-air illness).
 Any other disease or disability contracted
 as a result of the nature of the person's
 employment.

GROUP 3.—MISCELLANEOUS DISEASES.

Beriberi.
 Cancer.
 Continued fever lasting seven days.

Drug addictions or habits.
 Pellagra.

Provided, That the ——— (State department of health or board of health) may from time to time, in its discretion, declare additional diseases notifiable and subject to the provisions of this act.

SEC. 3. Every person who in the State of ——— treats or examines for the purpose of diagnosis or treatment any person suffering from or afflicted with, or who suspects that any person treated or examined by him is suffering from or afflicted with, any one of the diseases made notifiable by the preceding section, shall report such case to the ——— (local health officer) within six hours after making a diagnosis or suspecting the disease to be one required to be reported. Said report shall be transmitted either by telephone or in writing. If made in writing, the report shall be on the blank form required by section 7 of this act and may be forwarded by mail or special messenger or delivered in person at the office of the ——— (local health officer). If transmitted by telephone, the report shall be recorded by the ——— (local health office) at the time of receipt on one of the blank forms provided by section 7 of this act; said report, whether in writing or by telephone, shall give the following information which is necessary for the protection of the public health and welfare:

1. The date when the report is made.
2. The name of the disease or suspected disease.
- 2a. The probable date or time of onset of the disease.
3. The name, sex, race, and address of patient.
4. Age, occupation, school attended, and place of employment of the patient.
5. Number of adults and of children in the household.
6. Source or probable source of infection or the origin or probable origin of the disease.
7. Name and address of the person making the report.

8. If the disease is, or is suspected to be, smallpox the report shall, in addition, show whether the disease is of the mild or virulent type and whether the patient has ever been successfully vaccinated, and, if the patient has been successfully vaccinated, the number of times and dates or approximate dates of such vaccination.

9. If the disease is, or is suspected to be, typhoid fever, scarlet fever, diphtheria, or septic sore throat the report shall show whether the patient has been or any member of the household in which the patient resides is engaged or employed in the handling of milk for sale or preliminary to sale.

Provided, That if the person making the report is unable to secure any item or items of information mentioned in paragraphs 4, 5, 6, and 9 of this section without independent inquiry he shall state that fact on the report, and it shall then be the duty of the ——— (local health officer) to investigate the case and secure the information; and it shall be the duty of any person who may be interrogated in relation thereto to answer correctly and to the best of his knowledge all questions put to him by any officer or employee of the ——— (local health office) which may be calculated to elicit any information needed to verify or complete any report of a case of a known or suspected notifiable disease or to enable measures to be taken to prevent the spread of any such disease.

If the disease is, or is suspected to be, cholera, diphtheria, plague, scarlet fever, smallpox, or yellow fever, the person making the report shall, in addition to the written report, give immediate notice of the case to the ——— (local health officer) in the most expeditious manner available.

SEC. 4. The requirements of the preceding section shall be applicable to persons attending patients ill with any of the notifiable diseases in hospitals, asylums, or other institutions, public or private: *Provided*, That the ——— (local health officer) may designate in writing an officer of any such hospital, asylum, or other institution to report in the place of the attending physician or other person treating or examining the patient the cases of notifiable diseases and disabilities occurring in or admitted to said hospital, asylum, or other institution in the same manner as that prescribed for persons treating or examining patients. When designation has been made as above provided, it shall be the duty of said designated officer to report all cases of notifiable diseases occurring in or admitted to such hospital, asylum, or other institution in the same manner as that prescribed for persons treating or examining patients.

SEC. 5. Whenever a person is known, or is suspected, to be afflicted with a notifiable disease, or whenever the eyes of any infant under two weeks of age become reddened, inflamed, or swollen, or contain an unnatural discharge, and no physician is in attendance, an immediate report of the existence of the case shall be made to the ——— (local health officer) by the midwife; if no midwife is in attendance, said report shall be made by the nurse; if no nurse is employed, the report shall be made by the father, mother, or other person in charge of the patient, each in the order named.

SEC. 6. Every teacher and every person in charge of any public or private school, including Sunday schools, shall report immediately to the ——— (local health officer) each and every case which he or she knows or suspects to be a case of a notifiable disease in persons attending or employed in his or her school.

SEC. 7. The written reports of cases of the notifiable diseases required by this act of persons treating or examining persons afflicted with disease shall be made upon blanks supplied for the purpose, through the local health authorities, by the State department of health.

SEC. 8. ——— (local health officers) shall forward by mail to the ——— (State department of health) the original written reports required by sections 2 to 6, inclusive, of this act, and the original report forms filled in by the local health office for reports transmitted by telephone, after first having transcribed the information given in the respective reports in a book or other form of record for the permanent files of the local health office. On each report thus forwarded the ——— (local health officer) shall state (1) whether the case to which the report pertains was visited, or otherwise investigated by a representative of the local health office, and (2) what, if any, measures were taken to prevent the spread of the disease or the occurrence of additional cases.¹

The ——— (local health officer) shall forward these reports to the ——— (State department of health) not later than the day following that on which they were received at ——— (the local health office).

SEC. 8a. It shall be the duty of the ——— (State health officer) to forward by mail, as soon after the first day of each month as practicable, a written report to the Surgeon General of the United States Public Health Service of the number of cases of each of the notifiable diseases reported in the State during the next preceding month.

SEC. 8b. Upon the occurrence of an unusual outbreak, or in the event of a sudden increase in the number of cases of smallpox, scarlet fever, diphtheria, typhoid fever, poliomyelitis, cerebrospinal meningitis, or Rocky Mountain spotted (or tick) fever in any locality, the ——— (State health officer) shall notify the Surgeon General of the United States Public Health Service immediately by telegraph (collect) and letter of such unusual outbreak or sudden increase.

SEC. 9. ——— (local health officers) shall, in addition to the provisions of section 8, report to the ——— (State department of health) in such manner and at such times as the ——— (State department of health) may require by regulation the number of new cases of each of the notifiable diseases reported to said ——— (local health officers).

SEC. 10. Whenever there occurs within the jurisdiction of a ——— (local health officer) an epidemic or unusual prevalence of a notifiable disease, the ——— (local health officer) shall, within 30 days after the

¹ The larger cities with health departments known to be actively and efficiently controlling the preventable diseases might be excepted from the provision requiring a statement of "What, if any, measures were taken to prevent the spread of the disease or the occurrence of additional cases."

epidemic shall have subsided, make a report to the ——— (State department of health) of the number of cases occurring in the epidemic, the number of cases terminating fatally, the origin of the epidemic, and the means by which the disease was spread: *Provided*, That whenever the ——— (State department of health) shall have taken charge of the control and suppression or undertaken the investigation of the epidemic, the local health authority having jurisdiction need not make the report otherwise required.

SEC. 11. No person shall be appointed to the position of ——— (local health officer) in any city, town, or county until after the qualifications of said person have been approved by the ——— (State department of health).

SEC. 12. In localities in which there are no ——— (local health officers or boards of health) and in localities in which, although there are ——— (health officers or boards of health), adequate provision has not, in the opinion of the ——— (State department of health) been made for the proper notification, investigation, and control of notifiable diseases, and in localities in which the local health authorities fail to carry out the provisions of this act, the ——— (State department of health) shall appoint properly qualified sanitary officers to act as local health officers and to prevent the spread of disease in and from such localities and to enforce the provisions of this act: *Provided*, That salaries and other expenses incurred under the provisions of this section shall be paid by the ——— (local authorities).

SEC. 13. Any person who shall fail, neglect, or refuse to comply with or who shall violate any of the provisions of this act shall be guilty of a misdemeanor and upon conviction for a first offense shall be sentenced to pay a fine of not less than ——— dollars, nor more than ——— dollars, or to imprisonment for not less than ——— days nor more than ——— days. Upon conviction for a second or subsequent offense the penalty shall be a fine of not less than ——— dollars nor more than ——— dollars, or imprisonment for not less than ——— days nor more than ——— days: *Provided*, That after each second or subsequent conviction under the provisions of this act for failure to report a case or cases of notifiable disease by any person licensed to practice medicine or to treat the sick it shall be the duty of the clerk of the court or the justice of the peace before whom the case is tried to notify the (here insert the proper designation of the body or bodies authorized by law to revoke licenses), and such conviction shall be sufficient cause for the revocation of the license of the person so convicted.

SEC. 14.¹ No license to practice medicine or to treat the sick in any manner shall be issued to any person until after the applicant shall have filed with the State licensing board a statement, signed and sworn to before a notary or other officer qualified to administer oaths,

¹ In some States it may be necessary, owing to constitutional requirements, to change the title of the model law or to include the provisions of section 14 in a separate act.

that said applicant has familiarized himself with the requirements of this act, a copy of which sworn statement shall be forwarded to the _____ (State department of health).

SEC. 15. Each and every person engaged in the practice of medicine or treating in any manner persons afflicted with disease shall display in a prominent place in his or her office a card upon which sections 2, 3, 4, 7, 13, 14, and 15 of this act have been printed with type not smaller than ten-point. A similar card shall be displayed in a prominent place in the office of each and every hospital, asylum, or other public or private institution for the treatment of the sick. These cards shall each be not less than 1 square foot in size and shall be furnished to institutions and licensed physicians and other persons treating the sick without cost by the _____ (State department of health).

SEC. 16. The sum of _____ dollars is hereby appropriated from any money in the State treasury not otherwise appropriated for carrying out the provisions of this act.

SEC. 17. This act shall take effect immediately, and all acts or parts of acts inconsistent with the provisions of this act are hereby repealed.

ZOOPARASITIC INTESTINAL INFECTIONS.

AN ANALYSIS OF INFECTIONS FOUND AMONG 1,287 SCHOOL CHILDREN (776 WHITE, 511 NEGRO) OF THE CITY OF X.

By C. W. STILES, Professor of Zoology, United States Public Health Service.

The city of X. is located in the coastal area of one of the Gulf-Atlantic States and has a population of about 30,000 inhabitants, among whom the whites outnumber the negroes. Part of the homes have sewer connections; part of them have either surface or can privies.

Through the courtesy of the board of education and the parents of the school children, I have recently been able to examine nearly all of the pupils (both the white and the negro) in the city. The results of some of the examinations will be published in a series of short articles, each article dealing with a distinct phase of the studies.

White Pupils.

Of the total of 2,448 white pupils (1,189 boys, 1,259 girls), of 6 to 17.75 years old, inclusive, who gave data of one kind or another, 495 (225 boys, 270 girls) lived at homes provided with privies (group P); 1,783 (855 boys, 928 girls) lived at homes provided with sewer connections but without privies (group S); and 170 (109 boys, 61 girls) lived at homes in respect to which data regarding this phase of sanitation are not stated (group U).

Most of the "privy homes" had no sewer connection, but in some instances there was sewer connection for the family toilet and a privy for the negro servants. All homes of this type are here classified as "privy homes," since the families were, of course, subject to the influence of the servants' privies.